

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>Ramone Griffin</b>		COURT CASE NUMBER <b>07C7069</b>	
DEFENDANT <b>Tom Dart, et al.</b>		TYPE OF PROCESS <b>S/C</b>	
<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Officer Kozel Division one Cook County Jail</b>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>2800 South California Div 1 Chicago IL 60608</b>		
<b>AT</b>			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			
<b>Ramone Griffin, K-68821</b> <b>Vienna-VNA</b> <b>6695 State Route 146 East</b> <b>Vienna, IL 62995</b>		Number of process to be served with this Form - 285	<b>1</b>
		Number of parties to be served in this case	<b>3</b>
		Check for service on U.S.A.	<b>0</b>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

**Social Worker Division one (1773) 869-3743**  
**Officer Kozel hours of work 7AM til 3PM AT COOK COUNTY Jail**  
**Div one badge 7788**

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

*Ramone Griffin*

02-04-08

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>3 of 3</b>	District of Origin No. <b>24</b>	District to Serve No. <b>24</b>	Signature of Authorized USMS Deputy or Clerk	TD	Date <b>02-04-08</b>
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I hereby certify and return that ☒ I have personally served, ☐ I have legal evidence of service, ☐ I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

*Officer Ranna Farnandis*

Address (complete only if different than shown above)

**FILED**  
**MAR 3 2008 PH**  
**MAR 3, 2008**  
**MICHAEL W. DOBBINS**  
**CLERK, U.S. DISTRICT COURT**

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time

2-22-08

10:00

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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**one service fee charged same location case**

REMARKS: **See process sheet #2 for charges.**